| Fill in this inform | nation to identify your case: | |
|---------------------------------|---|--|
| Debtor 1 | Thomas A. Yankanich | |
| Debtor 2 (Spouse, if filing) | Carol Lynn Yankanich | |
| United States Ba | ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA | |
| Case number | 20-14535-ELF | Check if this is: |
| (If known) | | An amended filing A supplement showing postpetition chapter 13 income as of the following date: |
| | | to most as of the following date. |

Official Form 106I

Schedule I: Your Income

12/15

MM / DD/ YYYY

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Describe Employment | | | | | |
|-----|---|----------------------|---|---|--|--|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filing spouse | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | ■ Employed□ Not employed | | |
| | employers. | Occupation | Retired | Personal Banker | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | WSFS | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | 34 South Sycamore Street Newtown, PA 18940 | | |
| | | How long employed th | nere? | 13 years (includes Beneficial) | | |
| Dar | f 2: Give Details About Mon | thly Income | | | | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 3,291.48

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

| | otor 1 otor 2 | Thomas A. Yankanich Carol Lynn Yankanich | | | Case | e number (<i>if kno</i> | vn) | 20-14 | 535-EL | F | |
|-----|--------------------|---|-----------------|-----------|-----------|--------------------------|-------------|----------|-----------------------|------------------|-----------------|
| | Cor | py line 4 here | 4. | | Fo \$ | r Debtor 1 | 00 | | Debtor 2 filing sp | | |
| | · | | | | Ψ_ | <u> </u> | | <u> </u> | | 011.40 | _ |
| 5. | List | t all payroll deductions: | | | | | | | | | |
| | 5a. | • | 58 | a. | \$_ | 0.0 | 00 | \$ | 8 | 65.62 | _ |
| | 5b. | · | 5l | | \$_ | | 00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$_ | | 00 | \$ | 3 | 29.14 | _ |
| | 5d. | | 50 | | \$_ | 0.0 | | \$ | | 0.00 | _ |
| | 5e. | | 56 | | \$ \$ | 0.0 | | \$ | | 49.92 | - |
| | 5f. 5g. | Domestic support obligations Union dues | 5f 5g | | »_ \$ | 0.0 | 00 | Φ | | 0.00 | - |
| | 5g. 5h. | | | y. h.+ | | | 00 | + \$— | | 0.00 | _ |
| 6. | | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | * - \$ | 0.0 | | \$ | 1.2 | 44.68 | - |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 0.0 | | \$ | - | 46.80 | - |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | а | \$ | 0. | 00 | \$ | | 0.00 | - |
| | 8b. | • | 8k | | \$ | | 00 | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | nt 80 | C. | \$ | | 00 | \$ | | 0.00 | - |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0.0 | 00 | \$ | | 0.00 | = |
| | 8e. | Social Security | 86 | е. | \$ | 2,262. |)0 | \$ | | 0.00 | - |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | ce 8f 8g | | \$_ \$ | 0.· 2,722.· | | \$ \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: son contribution | 8h | h.+ | \$_ | 300. |)0 | + \$ | | 0.00 | - |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | . [| \$_ | 5,284. | 00 | \$ | | 0.00 | 0 |
| 10 | Cal | culate monthly income. Add the 7 viling 0 | 10 | Φ. | | 5 004 00 | Φ. | | 40.00 | Φ. | 7 000 00 |
| 10. | | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 5,284.00 | Φ- | | 46.80 = | = \$ _ | 7,330.80 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in <i>Schedu</i> ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | ur dep | | | • | | | chedule . 11. | | 0.00 |
| 12. | Wri | d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Cerolies | | | | | | | 12. | \$ | 7,330.80 |
| 13. | Do | you expect an increase or decrease within the year after you file this for | m? | | | | | | | Combir nonthl | ned y income |
| | | No. Yes. Explain: | | | | | | | | | |